LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

 $\begin{array}{c} \textbf{Page} \underline{\hspace{0.5cm}} \textbf{ of } \underline{\hspace{0.5cm}} \textbf{Page}(s) \\ \textbf{THIS SPACE FOR OFFICE USE ONLY} \end{array}$

2005 JA# 12 21 9 25

								STATE	F - Svi	0		
			clearly in black ink)					•				
·	See instructions at bottom of page Lobbyist's name and permanent business address Diane Golder						prepared	I.	Period covered year ending			
	595 South 14th Street Boise, Idaho 83702					January 11, 2005			(Mo.) (Day) (Yr.) Dec. 31 04			
Item	Totals	of all reportal	ole expenditures made or	r incurred	by Lobb	yist or	by Lobbyist's Empl	oyer on behalf	of Lobby	yist's Empl	oyer.	
Ca Reimburs	Category of Expenditure Reimbursed Personal Living and Travel * Total Amount for				Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)							
	o Not Have to b		All Employers	Employer No. 1		. 1	Employer No. 2	Employer l	Employer No. 3		er No. 4	
	ainment and Refreshm	ent	\$2,19686	\$ 1,098.43		s	1,098.43	\$		\$		
Living	Accommoda	ations										
Adver	tising											
Travel												
Teleph	one]					·	
Other	Expenses or	Services										
		Total	_{\$} 2,196.86	\$1,09	8.43		1,098.43	\$		\$		
*			s you are reporting for requ							entered on Pa	age 1.	
Item 2	The totals Date	of each expend	liture of more than fifty Place	dollars (\$5	_	legislat nount		of public office. of Legislators &		ficials in Gro	all D	
	Date		Trace		All	Hount	Numes	LEGISLA				
bruary	ruary 10, 04 CRYSTAL BALLROO			\$2,		196.8	6	House Business Comm. House Commerce & HR. Senate Commerce & Labor Leadership - Both Sides				
	Continued on	attached page(s)		l	<u> </u>	 					
	INSTRUCTIONS					Item 3	E	mployer(s) Name	Name(s) and Address(es)			
	Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.				INDEPENDENT INS. AGENTS & BROKERS OF ID 595 So. 14th Street Boise, Idaho 83702 No.2 SURPLUS LINE ASSOCIATION OF IDAHO same address as line 1					RS OF ID:		
Fili	Filing deadline: Annual report is due on January 31st.									H0		
ТО	BE FILED		Oan Vource				Julie auu	1 C33 Q3	1116 1	.e.		
	Ben Ysursa Secretary of State PO Box 83720					No.3						
	Pho		ID 83720-0080 -2852 Fax: (208) 334-2	2282		No.4						

4		Date	Amount	lator, or for or on behalf of a	Name of Legislator Receiving or Benefited NO EXPENDITURES MADE					
'A										
Item 5	or He	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.			Code	Subject	Code Subject			
Subject (from		Legisla HB	490 493 497 545 647 724 1236 1340 1342 106	Appropriation Bill Number and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, municipal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify) JAN. 11/05 Date Date Date		
CERTIF	FICATI	ON: 1 he	creby certify that the	above is a true, complete and	'	Employer No. 3 signature		Date		

Employer No. 4 signature

Date